

CLAIMS ONLY

SERIAL NO. _____

FILING DATE _____

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓					
2	/	✓				
3		✓				
4		✓				
5		✓				
6		✓				
7		✓				
8		✓				
9		✓				
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24	✓		✓			
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28		✓				
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37		✓				
38		✓				
39		✓				
40	✓		✓			
41	✓		✓			
42	✓		✓			
43	✓		✓			
44						
45						
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49						
50						
TOTAL IND.	6					
TOTAL DEP.	37	✓	✓	✓	✓	
TOTAL CLAIMS	43	✓	✓	✓	✓	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						